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To: Company:
Archene A. Turner USPTO
Art Unit 1775

Fax Number:
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Tel Number:

From: Lawrence J. McClure

Date: June 22, 2006

Time:

Total number of pages incl. cover page: 21

For internal purposes only:

Client number: 81863.0026

Attorney billing number: 1966

Confirmation number: Return Fax to Diane Zynn

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MESSAGE:

Patent Application No.: 10/780,527; Our Ref. 81863.0026

I hereby certify that the following documents:

☒ Amendment/Amendment Transmittal Letter

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above-identified application.

June 22, 2006
Date of Deposit


Diane Zynn

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WLA - 1863/0026 - 267243 v1

FORM PTO-1083

81863.0026
Patent Application No. 10/780,527
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUN 22 2006

In re application of:

Tsuyoshi FUKANO, et al.

Serial No: 10/780,527

Filed: February 17, 2004

For: Surface-Coated Member

Art Unit: 1775
Examiner: Archene A. Turner

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is being transmitted via facsimile to
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

June 22, 2006

Date of Deposit

Diane Zynn

Name

Signature

08/22/06
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|---|---|---|---|-------------------------------|------------------------|--|
| TOTAL CLAIMS FEE | 28 | - | 33 | 0 | LG=\$50 SM=\$25 | \$ 0 |
| INDEPENDENT CLAIMS FEE | 3 | - | 3 | 0 | SM=\$100 LG=\$200 | \$ 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | | | LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180 |
| Independent Claims: 6, 22, 31 | | | | | | TOTAL \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$___ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON LLP

By:

Lawrence J. McClure
Registration No. 44,228
Attorney for Applicant(s)

Date: June 22, 2006

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Appl. No. 10/780,527
Amdt. Dated June 22, 2006
Reply to Office Action of March 24, 2006

Attorney Docket No. 81863.0026
Customer No.: 26021

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JUN 22 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Tsuyoshi FUKANO, et al.
Serial No: 10/780,527
Confirmation No.: 2792
Filed February 17, 2004
For: SURFACE-COATED MEMBER

Art Unit: 1775
Examiner: Archene A.
Turner

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Alexandria, VA 22313-1450 on

June 22, 2006

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Diane Zvon

Name

Signature

06/22/06

Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated March 24, 2006, please amend the
above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 10 of this paper.